**FAX**

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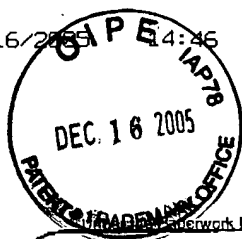
Date December 16, 2005Number of pages including cover sheet: 5To: USPTO/Office of PublicationsPhone (571) 272-4200Fax Phone (571) 273-2885

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From: Mark SalvatoreIntellectual Property
ParalegalPhone (408) 433-7472Fax Phone (408) 433-7460**REMARKS:**☐ Urgent☐ For your review☒ Reply ASAP☐ Please comment

Attention: Issue Fee Department

Re: 10/716,259



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number 10/716,259

Filing Date November 18, 2003

First Named Inventor Ramesh, Subramanian

Art Unit 2827

Examiner Name Le, Thong Quoc

Attorney Docket Number 03-1509

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Power of Attorney and Correspondence Address Indication Form, PTO/SB/81
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Statement Under 37 CFR 3.73(b), PTO/SB/96
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks _____	
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- Issue Fee Payment

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LSI Logic Corporation		
Signature			
Printed name	Timothy R. Croll		
Date	13 Dec 05	Reg. No.	38,771

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Signature			
Typed or printed name	Mark Salvatore	Date	12-16-05

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